

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**AMENDMENT TRANSMITTAL FORM**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990356B1C1
In Re Application of: CHAPONNIERE et al.
Serial Number: 10/067,609
Filed: 2/4/2002
Examiner: Charles R. Craver
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☒ Other: Terminal Disclaimer

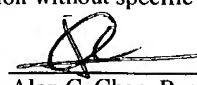
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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	46	46	0	x \$18 =	\$0	
Independent**	11	11	0	x \$86 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$0
				<input type="checkbox"/> Two Months	\$420	\$0
				<input type="checkbox"/> Three Months	\$950	\$0
INFORMATION DISCLOSURE STATEMENT				<input type="checkbox"/> After First Office Action	\$180	\$0
				<input type="checkbox"/> After Final Office Action	\$130	\$0
TERMINAL DISCLAIMER				\$110	\$110.00	
				TOTAL FEE	\$110.00	

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 4/2/2004

Signature: Alex C. Chen, Reg. No. 45,591
(858) 651-5363QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502**BEST AVAILABLE COPY**



PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 10/067,609

CHAPONNIERE et al.

Examiner: Charles R. Craver

Filed: 2/4/2002

For: TRANSMITTER DIRECTED
CODE DIVISION MULTIPLE
ACCESS SYSTEM USING PATH
DIVERSITY TO EQUITABLY
MAXIMIZE THROUGHPUT

) Group No. 2682

RESPONSE TO OFFICE ACTION

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APR 08 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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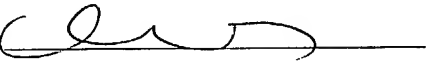
Dear Commissioner:

This communication responds to the Office Action dated February 12, 2004.CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒
- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao
(type or print name)Date: 4/2/2004Signature: **FACSIMILE**

- ☐
- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

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